

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036216

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9332

FILED OCT 3 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Lutheran Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3619<sup>a</sup> Dover Place

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

William

Middle

B.

Last

Hammer

4. DATE OF DEATH

Month

Sept.

Day

27

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/26/93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days

5 1

IF UNDER 24 HR

Hours Min.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

President

10b. KIND OF BUSINESS OR INDUSTRY

Hammer Dry Plate

11. BIRTHPLACE (City and state or country)

St. Louis

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ludwig Hammer

13b. MOTHER'S MAIDEN NAME

Nettie Dorsey

14. NAME OF HUSBAND OR WIFE

Maude Hammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

yes

(If yes, give war or dates of service)

1st World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Maude Hammer 3619<sup>a</sup> Dover Place

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ASPIRATION PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

1 DAY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

ALSO DUE TO (b)

ARTERIO SCLEROTIC HEART DISEASE

YEARS

ALSO DUE TO (c)

CEREBRAL ARTERIO SCLEROSIS

YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BILATERAL INGUINAL HERNIAS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

420.0

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/18/62

to 9/27/62

and last saw her alive on 9/27/62

Death occurred at 12:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George A. Hammer MD

22b. ADDRESS

6500 Chippewa

22c. DATE SIGNED

9/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 29 1962

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Saint Matthew

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

Schumacher

25. DATE RECD. BY LOCAL REG.

3013 Meramec Str.

26. REGISTRAR'S SIGNATURE

SEP 28 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2

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65

Also Remains  
6500 E. Highway  
Mc 2-8033

1 to 7

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Jack Haupt

Licensed Embalmer No. \_\_\_\_\_

4746

P. O. Address \_\_\_\_\_

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.